

JACKSON (G.T.)

Sycosis xxxxx





SYCOSIS: A CLINICAL STUDY.*

BY

GEORGE THOMAS JACKSON, M. D.,

Assistant Physician, New York Skin and Cancer Hospital.

GENTLEMEN: It is a good thing to go over one's cases from time to time and to find out how much or how little one has accomplished in the treatment of the various diseases that have come under one's observation. Sometimes he may be surprised to find that he has accomplished so much, and sometimes he may be humbled by discovering that his most conscientious endeavors have been futile. I ask your indulgence to-night while I relate my experience in the treatment of sycosis.

* Read before the New York Dermatological Society, November 27, 1888.



All of you will probably agree in the opinion that sycosis is one of the most obstinate of skin diseases. It has proved itself, in my hands, a most difficult disease to manage. What I offer you to-night is no story of brilliant cures, but a candid statement of difficulties struggled against; and is brought before you in the hope that it may serve to bring out in the discussion some suggestions as to treatment from some of you who are older or wiser than I.

My cases number twenty-two. Ten of the patients were between twenty and thirty years of age, nine between thirty and forty, two between forty and fifty, and one between fifty and sixty. The earliest age was twenty-three—three cases. The oldest patient was fifty-four.

As to nationality, twelve were from the United States, four were German, one Austrian, one Russian, one Pole, and two Irish.

As to occupation, five of them were tailors; four, clerks; one was a car-starter; one, an engineer; one, an upholsterer; one, a boiler-maker; one, an elevator boy; one, a salesman; one, a cigar-maker; one, a hatter; one, carpets; one, a druggist; and three had no occupation.

The duration of the disease before coming under treatment was as follows: In one case, fifteen years; in one, twelve; in one, ten; in one, seven; in two, six; in two, four; in one, three; in three, two; in one, one year and three months; in one, eleven months; in one, nine months; in one, six; in one, five; in one, four; in two, three; in two, two.

The location of the disease was as follows: Upper lip alone, six cases; upper lip and chin, two; upper lip and cheeks, one; upper lip, cheeks, and chin, five; cheeks alone, three; cheeks and lower lip, one; chin alone, two; one cheek alone, one; whole bearded face, eyebrows, and scalp, one.

Digestive disturbances were noted in seven cases; nasal catarrh in four cases in which the upper lip was involved.

In only fourteen of the cases was I able to observe the effect of treatment long enough to be of any value in a study of this sort. As most of the cases were dispensary patients, the results are, perhaps, not so good as they might have been in those of a better class. Allow me here to give a short account of the treatment in the fourteen cases:

1. Sept. 27, 1882. Began treatment by epilation and the use during the day of a solution of hydrarg. bichlor., gr. j to $\frac{3}{4}$ j; while at night the patient was directed to wear upon the affected parts an ointment of ungt. hydrarg. ammon., 3 j; ungt. zinci oxid., $\frac{3}{4}$ j. M. Fowler's solution was given by the mouth. Local treatment for rhinitis.

Oct. 2. No better. The patient was directed to use soap frictions once a day. The other treatment was continued, excepting that diachylon ointment was substituted for the ammoniate of mercury and zinc oxide.

Oct. 15. Much better. Stop bichloride wash.

Nov. 4. Stop frictions with soap. Substitute Bronson's ointment (hg.

ammon., ʒj; calomel, ʒij; vaseline, ʒj; M.) for the diachylon. Apply solution of caustic potash (gr. xx ad ʒj) to a few spots.

Nov. 8. Spots touched with caustic decidedly better. Repeat.

Nov. 15. As before. Paint all with caustic.

Dec. 10. All well but small patch on each cheek.

Dec. 24. Slight relapse.

Feb. 12, 1883. Disease still continues. Paint with iodine.

Feb. 20. No better. Curetted right side, after which applied Lassar's paste.

Feb. 27. Right side improved. Curetted the other side.

March 6. Decided improvement. Repeat.

March 21. Relapse.

May 6. Better. Some places nearly well.

2. March 10, 1883. Epilate and curette right cheek and use protective ointment.

May 14. Have continued curetting on both sides, and latterly have used Bronson's ointment. Very much better than at first, but not well.

3. Feb. 8, 1884. Epilate. Direct to shave. Ungt. diachyli. Local treatment for nose.

Feb. 12. Calx sulphurata, gr. $\frac{1}{16}$, every two hours.

Feb. 16. Less red and swollen. Stop calx.

Feb. 23. Worse. Spreading. Stop diachylon and give white precipitate ointment. Renew calx.

March 3. Great improvement. Stop calx.

March 11. Nearly well. No pustules.

June 25, 1884. Relapse.

May 28, 1884. Diet. Shaving. Lassar's paste with salicylic acid. Calx, gr. $\frac{1}{16}$ every hour.

July 22. Writes me that pustulation has entirely ceased, but some redness remains.

4. May 9, 1885. Began with a four-per-cent. salicylated oil, which used for three days. Then epilation, hot water locally, and Bronson's ointment for one month. Patient made steady improvement.

5. May 16, 1885. Treated for two months with oil of cade, 3 ij, in olive-oil, ʒj, with steady improvement but no cure.

6. April 29, 1886. Local treatment for rhinitis, and laxatives as needed. Epilation, shaving, and Lassar's paste with salicylic acid up to June 29th. Steady but slow improvement.

June 29. Ichthyol, 10-per-cent. solution externally, and three grains twice a day internally.

July 10. Growing constantly worse. Stop ichthyol externally and use Lassar's paste with salicylic acid.

Aug. 31. From the time of stopping ichthyol to the present date has been doing well. He disappeared for some months and then called in great glee to show me how he had cured himself with a strong sulphur ointment he had made for himself.

7. May 1, 1886. Diet. Ungt. diachyli. Calx, gr. $\frac{1}{4}$ t. i. d.

May 25. Stop diachylon and use sulphur loti, 3 ss. to $\frac{3}{4}$ j of lard. Calx, gr. $\frac{1}{4}$ every two hours.

June 19. No new pustules for some days. Continue treatment.

Oct. 24. Relapse after being nearly well.

8. Jan. 27, 1887. Ungt. ac. boracis, 5 per cent.

Jan. 29. Increase strength of boric acid to 20 per cent. Ext. hamamelis fld., ten drops t. i. d.

March 8. Made great improvement up to this date, when he had a relapse. Put on sulphur, 3 ss. to $\frac{3}{4}$ j of lard.

April 9. Nearly well.

June 18. Relapse.

9. Jan. 29, 1887. Equal parts of sulphur ointment and simple ointment. Internally, fld. ext. hamamelis, ten drops t. i. d.

No improvement after three weeks' use of above treatment. Stop it and give a 20-per-cent. boric-acid ointment and internally calx sulphurata, gr. $\frac{1}{16}$ every hour.

March 12. Greatly improved.

10. Feb. 3, 1887. Epilate. Ungt. ac. boracis, 20 per cent.

March 19. No better. Stop boric acid and use sulphur, 3 j ad $\frac{3}{4}$ j of lard.

April 16. No pustules.

May 14. Stop sulphur and use an ointment of tar and oxide of zinc.

July 2. Is practically well.

May 2, 1888. Relapse three weeks ago after having been entirely well for months.

June 9. Is nearly well again.

11. Aug. 13, 1887. Ungt. sulphuris. Tab. trit. sulphur., gr. $\frac{1}{2}$ t. i. d.

Sept. 10. No better. Stop sulphur ointment and use mild white precipitate ointment.

Oct. 11. No improvement.

12. Dec. 13, 1887. Epilation. Resorcin, 3-per-cent. ointment. Local treatment for nose.

Jan. 10, 1888. No improvement.

13. Nov. 27, 1887. Diachylon ointment. Iron, arsenic, and strychnine internally. Hot-water fomentations. Epilation.

Dec. 16. Cured.

14. Feb. 25, 1888. Epilate. Resorcin, 3 per cent. in ointment.

March 19. Not much change. Substitute diachylon ointment for the resorcin.

March 29. No better. Stop diachylon and use a 3-per-cent. salicylated oil.

April 5. Worse. To use Lassar's paste and hot water.

April 7. Calx sulphurata, gr. $\frac{1}{16}$ every hour.

April 28. Worse. Oil of ergot locally. Arsenic internally instead of calx.

April 30. Much better.

May 3. Fresh outbreak.

May 7. Still bad. Stop oil of ergot and use boric-acid ointment.

June 9. Steadily improving.

Sept. 29. I was out of town during the summer. He is now as bad as ever.

Summary.—And now what lesson shall we draw from the foregoing notes, imperfect as they are?

1. *As to Ætiology.*—Nationality is unimportant. The fact that the greatest number of cases occurred in those of American birth is of no significance, as it is due purely to the accident of the place in which the cases occurred. Occupation seems more promising as an ætiological factor. All but four of the patients were engaged in occupations that compelled them to live in close rooms filled with dust. It has always seemed to me that the disease takes special hold upon tailors. Their mode of life is about as unphysiological as possible.

A poor general condition of health is a prominent ætiological factor. In about one third of the cases digestive disturbances (dyspepsia and constipation) were noted. Doubtless, if the notes were fuller, more cases of like kind would have been found.

Nasal catarrh is noted in four cases in which the upper lip was affected.

The disease may appear at any age after the beard has begun to grow, but is most frequent between the ages of twenty and forty, nineteen out of the twenty-two cases occurring between those ages.

2. *The Course of the Disease.*—It is exceedingly chronic and shows little tendency to get well of itself. It may last for fifteen years and more.

3. *Location.*—The upper lip alone or in combination with other regions is most often the seat of the disease—fourteen out of twenty-two cases. The whole beard is quite frequently involved—five times in twenty-two. The chin alone is rarely affected—only twice in twenty-two cases. The scalp may be invaded.

4. *Treatment.*—While I have marked only one case as cured, nearly every case shows marked improvement under treatment, and without doubt some of them were cured but failed to report themselves so as to have the final result entered on the notes. If a study of these cases teaches anything, it is that one must be prepared to tack about from one method of treatment to another in conducting a case to a happy ending. The best results were attained by means of antiparasitics, which would support the theory of the coccogenous origin of sycosis.

The first thing to be done is to open up the pustules and get rid of their contents. Epilation, soap frictions, and the use of the dermal curette all do this, and all proved beneficial—twelve cases out of fourteen.

After epilation or curetting, the chosen application should be made, whether as an ointment or oil.

Salicylic acid with Lassar's paste proved beneficial in four cases; as an oil, with castor-oil, it did well in one case and seemed to aggravate in another.

Tar did well in two cases.

Mercury was most valuable in the form of Bronson's ointment (hydrarg. ammon., ℥j; hydrarg. chlor. mitis, ℥ij; vaseline, ℥j; M.), and I would say that ever since I learned its virtues, while I had the honor of assisting Dr. Bronson for a number of years at the New York Polyclinic, I have greatly esteemed it, and do regard it as the most elegant form of mild mercurial ointment. The solution of corrosive sublimate was also useful.

Sulphur in ointment-form did well in three cases, but was of no benefit in another case.

Boric acid proved very beneficial in three cases, but did no good in another case. Where it benefited it showed its good effect promptly.

Diachylon ointment was beneficial in two cases, and of no benefit in three cases. It is rather remarkable that the only case marked as cured got well while using this ointment.

Ichthyol proved harmful in the only case in which I used it. It should have been given a longer trial, perhaps, but at the time I had used it in a number of cases of other diseases without benefit, and so did not feel encouraged to further experiment.

Resorcin in three-per-cent. strength was used in two cases without benefit.

The exhibition of *sulphide of calcium* by the mouth was of marked benefit in four cases in which there was a good deal of pustulation. The calcium was continued until either the disease was greatly aggravated as shown by the outbreak of many new pustules, or benefited as shown by a marked decrease of the pustulation.

From a study of these cases I would formulate the treatment of sycosis as follows:

In acute cases where there is much pustulation, epilate or curette and apply boric-acid ointment, or Lassar's paste with salicylic acid. Give one tenth of a grain of calcium sulphide in fresh tablet triturates every one or two hours. If an acute outbreak of pustules occurs under it, stop it until a subsidence of the eruption takes place, and then begin again.

In subacute cases where there is not so much pustulation, but more redness and the disease is more patchy, epilate or curette and use Bronson's ointment, or one of sulphur or tar or other mild stimulant. Or use soap frictions, followed by protective ointments.

In chronic cases epilate or curette, or apply a solution of caustic potash carefully to diseased parts. Locally, employ strong ointments or solutions of tar, provided caustic potash has not been used. If caustic potash has been used, then apply a simple soothing dressing. The use of tar in alco-

hol, as proposed by Pick, of Prague, has of late given brilliant results in my hands in some cases of chronic eczema, and in the last few days has greatly benefited one of the cases here reported, one which had shown itself to be very obstinate. Soap frictions are also valuable at this time. As chronic and subacute cases may take on acute forms under stimulating treatment, we must be prepared at any moment to apply more soothing methods of cure according to indication.

For the best effect from our local treatment we must insist upon our remedies being kept constantly applied during day and night. To the same end the patient is to be advised to shave himself about twice a week. This is not absolutely necessary, but facilitates the action of our applications upon the diseased skin. If a rhinitis be present, appropriate remedies must be used for that.

While treating the skin affection we must not forget the man whom the skin clothes. We must address ourselves to the task of regulating the diet and general hygiene of the patient, and give medicine, if needs must, upon the same principles as we would if the patient came to us not for his syccosis, but on account of his poor general condition.

5. The *prognosis* is always doubtful as to rapid cure. The disease is prone to relapse when apparently well. A cure can be effected only by persistent effort both by the physician and patient.

14 EAST THIRTY-FIRST STREET.

